

1.) CORPORATION NAME:

PIEDMONT FOUNDRY SUPPLY, INC.

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT D. BIRMINGHAM
P.O. BOX 87
CLOVERDALE, VA**

SCC ID NO: **01172600**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BOTETOURT COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 137 ROGERS LANE

CITY/ST/ZIP: CLOVERDALE, VA 24077

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	ROBERT D BIRMINGHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	653 LEE LANE		
CITY/ST/ZIP/CO:	FINCASTLE, VA 24090		

NAME:	ROBERT G GALLAGHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1367 CRUTCHFIELD ST		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		

NAME:	CYNDI B REESE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	34 CHARLESTON PLACE		
CITY/ST/ZIP/CO:	DALEVILLE, VA 24083		

NAME:	CAROL S BIRMINGHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	653 LEE LANE		
CITY/ST/ZIP/CO:	FINCASTLE, VA 24090		

NAME:	JOHN H WAFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	982 BARRENS VILLAGE CT		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		

NAME:	NICHOLE WAFF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	982 BARRENS VILLAGE CT.		
CITY/ST/ZIP/CO:	ROANOKE, VA 24019		

NAME: MARCY GALLAGHER TITLE: DIRECTOR ADDRESS: 1367 CRUTCHFIELD ST CITY/ST/ZIP/CO: ROANOKE, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ERIC REESE TITLE: DIRECTOR ADDRESS: 34 CHARLESTON PLACE CITY/ST/ZIP/CO: DALEVILLE, VA 24083	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CYNDI B REESE	CYNDI B REESE, TREASURER	5/28/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.